

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031086** FILING DATE  
APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	1						58						
9							59						
10							60						
11							61						
12							62						
13	1						63						
14							64						
15							65						
16							66						
17							67						
18							68						
19	1						69						
20							70						
21							71						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	1		4				TOTAL IND.						
TOTAL			10				TOTAL DEP.						
TOTAL			22				TOTAL CLAIMS						